

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026880

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 142Primary Registration District No. 6886Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Goldsberry

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.b. COUNTY Shannon

c. CITY

OR TOWN Birch Tree

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis Hosp.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Guy

Middle

Franklin

Last

Dunn

4. DATE OF DEATH

Month

July

Day

28

Year

1962

5. SEX

M.

6. COLOR OR RACE

W.7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

12/9/93

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Portlett, Mo.

12. CITIZEN OF WHAT COUNTRY

USC

13a. FATHER'S NAME

Rufus A. Dunn

13b. MOTHER'S MAIDEN NAME

Missouri Pullington

14. NAME OF HUSBAND OR WIFE

Rose Ann, Ruelen Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YesW.W.#

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Rose Ann Dunn, Rt. 3 Birch Tree, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 21, 1962 to July 28, 1962 and last saw her alive on July 28-62Death occurred at July 28, 1962 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. C. Walton M.D.

22b. ADDRESS

Mountain View, Mo.

22c. DATE SIGNED

7-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/30/62

23c. NAME OF CEMETERY OR CREMATORY

Oak Forest Cem.

23d. LOCATION (City, town, or county)

Birch Tree, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Duncan Funeral Home Mtn. View, Mo.

25. DATE RECD. BY LOCAL REG.

8-3-62

26. REGISTRAR'S SIGNATURE

Laura Mitchell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/5904602101034051670809332X1011122-0132-0

AUG 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles D. Cartain

Licensed Embalmer No. 5107

P. O. Address My Union Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Sent to Dr. 4: P.M. 7/28/62 Rec'd laom Dr. 10: A.M. 7/31/62 Sent to Local Dep. 7/31/62
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